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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/759,744	01/12/2001	Ralf Hofmann	P-4592	9742
7590 10/08/2004			EXAMINER	
Forrest Gunnison			KLINGER, SCOTT M	
Gunnison, McKay & Hodgson, L.L.P. 1900 Garden Road, Suite 220			ART UNIT	PAPER NUMBER
Monterey, CA			2153	
			DATE MAILED: 10/08/200	4

Please find below and/or attached an Office communication concerning this application or proceeding.

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Technology Center 2100

Application No. Applicant(s) 09/759.744 HOFMANN ET AL. Interview Summary Examiner **Art Unit** 2153 Scott M. Klinger All participants (applicant, applicant's representative, PTO personnel): (1) Scott M. Klinger. (4)____. (2) Lisa Norris. Date of Interview: 15 September 2004. Type: a) ✓ Telephonic b) ✓ Video Conference c) Personal [copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e)⊠ No. If Yes, brief description: _____. Claim(s) discussed: 31. Identification of prior art discussed: . . Agreement with respect to the claims f) \square was reached. q) \square was not reached. h) \square N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicant called to make sure that examiner had received the amendments to the claims, in which claim 31 had been cancelled. Examiner acknowledged that the rejection of claim 31 in the most recent office action (dated 8 Sep 2004) had been a mistake, as the claim had already been cancelled. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required